PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

35°C15356

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
_			(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			33				1	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			33 minus 20=		. 13			X\$ 9=		OR	X\$18=	234.	00
INDEPENDENT CLAIMS			5 minus 3 =		· 2			X40=		1	X80=		00
MULTIPLE DEPENDENT CLAIM PRESENT								-		OR		160.	ľ
* If the difference in column 1 is less than zero, enter						odumn 2		+135=		OR	+270=		
						Olumn 2		TOTAL		OR	TOTAL	110400	0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL I		
		(Column 1) CLAIMS		HIGH	EST	(Column 3)	ſ	OINALL	ADDI-		OMALL		ł
AMENDMENT A		REMAINING AFTER		NUM PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT	÷ ·	PAID		LATTIA	I		FEE			FEE	1
	Total	*	Minus	**		=	İ	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	:	=	ſ	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		1
	•						L	TOTAL	-	1	TOTAL		ľ
							A	ODIT. FEE		OR	ADDIT FEE	, , , , , , , , , , , , , , , , , , ,	Į.
		(Column 1) CLAIMS		(Colur		(Column 3)	_						
AMENDMENT B		REMAINING		HIGH NUM	BER	PRESENT			ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=	Ī	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	ŀ	X40=			X80=		
٧.	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		ŀ	A40=		OR	700=		
							-	+135=		OR	+270=		ŀ
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		ŀ
		(Column 1)		(Colur	nn 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
O		CLAIMS		HIGH	EST		Г	······································	ADDI-			ADDI-	
Į		REMAINING AFTER		NUMI PREVIO	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
MEI		AMENDMENT		PAID	FOR		L		FEE			FEE	
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLAIN	=		X40=		OR	X80=		
	FINOI PRESE	NTATION OF MU	JUITLE DEF	CINDEN	CLAIM		ļ	1125-			1270		i
# If the enterin column 4 is true than the enterin column C with HOR to all the C										OR	+270=		Į
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE											TOTAL ADDIT. FEE		
		nber Previously Pai					four	nd in the app	ropriate box	in col	umn 1.	į	